

Admission Agreement and Health Assessment

First and Last Name of Child	Preferred Name	Birth Date	Enrollment Date (Check the box if no longer enrolled)
		___/___/___	___/___/___
		___/___/___	___/___/___
		___/___/___	___/___/___

Home Street Address: _____ Phone #: _____

City: _____ State: _____ Zipcode _____

Parent's/Guardian's Name: _____ Phone #: _____

Email: _____ Work Phone #: _____

Parent's/Guardian's Name: _____ Phone #: _____

Email: _____ Work Phone #: _____

Emergency Contacts (Other than Parents/Guardians) and Persons Authorized to Pick-Up the Child

(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)

Name	Relationship to Child	Address	Phone #

Check if there are no emergency contacts available, other than parents/guardians.
 Check if there are no persons authorized to pick up the child, other than parents/guardians.

Out of Area/State Contact Name (If not available - N/A)	Relationship to Child	Address	Phone #

Check if there are no out of area/state contacts available.

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There must be a separate health assessment form for each sibling

Name: _____

Birth Date: ____/____/____

Check All That Apply:

Does your child have any known allergies or sensitivities to:

	No	Yes	If yes, please list:
Medications			_____
Foods			_____
Other			_____

Illnesses of Medical Conditions:

Does your child have any of the following conditions?

	No	Yes		No	Yes
Asthma			Visual Impairment		
Diabetes			Developmental Delays		
Seizures			Physical Impairment		
Heart Problems			Behavioral or Emotional Problems		
Hearing Impairment			Other: _____		

List any additional health information or special instructions you feel we need to be aware of:

List any regular medications your child takes: _____

Name of Child's Medical Provider: _____

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In case of an emergency or a serious illness and the parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

_____/_____/_____
Name of Parent/Guardian Date

I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):
To and From School On Field Trips (with written permission in advance) Other: _____

_____/_____/_____
Name of Parent/Guardian Date

This form must be reviewed annually by the parent/guardian, and any changes noted.

Parent/Guardian Name: _____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

Reviewed and/or update: ____/____/_____

If these pages are not attached, the parent/guardian must sign each page individually

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form.

